


W01#: 1254577
EM: HNZ
CLIENT: HSS Corp
Due Date: 10/16/15

Section A		Section B		Section C	
Required Client Information:		Required Project Information:		Invoice Information:	
Company:	US\$ Corporation	Report To:	Tom Moe	Attention:	
Address:	P.O. Box 417	Copy To:		Company Name:	
Mt. Iron, MN 55768				Address:	
Email:		Purchase Order #:		Pace Quote:	
Phone:	Fac	Project Name:	NPDES Data Caps	Pace Project Manager:	heather.zika@pacelabs.com
Requested Due Date:		Project #:		Pace Profile #:	
				Regulatory Agency	
				State / Location	

[illegible]

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:

USS Colp

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other:



Tracking Number:

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☐ None ☐ Other: Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on Ice, cooling process has begun

Cooler Temp Read °C: 5.2 Cooler Temp Corrected °C: 5.5 Biological Tissue Frozen? ☐ Yes ☐ No ☒ N/A
Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: CK 10/2/15

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>W</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: Date/Time:

Comments/Resolution:

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)